

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7001	70191	9/29
O.I.P.E. CLASSIFIER		20	8/16
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	11/2

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original 4/16/84
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38	✓
39	0
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41	✓
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44	✓
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46	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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